



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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May 18, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED – 3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10868525 in amount of \$33,019.69
Account Number 10581069 in amount of \$3,502.40
Account Number 10967437 in amount of \$39,433.34
Account Number 10910891 in amount of \$36,953.86
Account Number 10731375 in amount of \$16,526.86

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

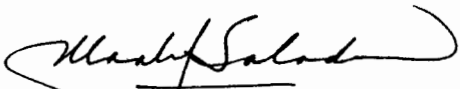
FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,

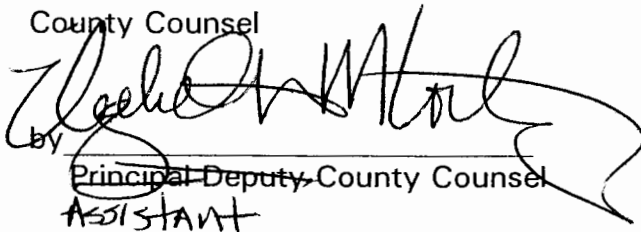

MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:ts
X:Comp.82

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel


by
Principal Deputy County Counsel
ASSISTANT

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 82A
DATE: May 18, 2006

Amount of Aid	\$114,244.00	Account Number	10868525
Amount Paid	0.00	Name	Adult Male
Balance Due	114,244.00	Service Date	6/10/04 to 1/03/05
Compromise Amount Offered	33,019.69	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 81,224.31	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$114,244.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.33	\$ 33,333.33	33.33%
Attorney Cost	794.62	794.62	0.80%
Huntington Memorial Hospital	162.00	40.00	0.04%
HMH Emergency Medical Group, Inc.	200.00	50.00	0.05%
California Eye Specialists	106.00	30.00	0.03%
County of Los Angeles	114,244.00	33,019.69	33.02%
Net to Client	N/A	32,732.36	32.73%
Total	\$148,839.95	\$100,000.00	100.00%

Our financial statement reveals that the client supports himself and family of five with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 82B
DATE: May 18, 2006

Amount of Aid	\$26,440.00	Account Number	10581069
Amount Paid	0.00	Name	Adult Male
Balance Due	26,440.00	Service Date	5/11/01 to 5/16/01
Compromise Amount Offered	3,502.40	Facility	LAC USC Medical Center
Amount to be Written Off	\$22,937.60	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$26,440.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$12,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,000.00	\$ 3,497.50	29.15%
Attorney Cost	800.00	0.00	0.00%
Leticia Chovaya, M.D.	3,755.00	2,500.00	20.83%
County of Los Angeles	26,440.00	3,502.40	29.19%
Net to Client	N/A	2,500.10	20.83%
Total	\$34,995.00	\$12,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 82C
DATE: May 18, 2006

Amount of Aid	\$59,826.00	Account Number	10967437
Amount Paid	0.00	Name	Adult Female
Balance Due	59,826.00	Service Date	2/07/04 to 4/15/05
Compromise Amount Offered	39,433.34	Facility	LAC USC Medical Center
Amount to be Written Off	\$20,392.66	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a trip and fall accident. She was treated at LAC USC Medical Center at a cost of \$59,826.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$125,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 50,000.00	\$ 50,000.00	40.00%
Attorney Cost	11,465.11	6,700.00	5.36%
County of Los Angeles	59,826.00	39,433.34	31.55%
Net to Client	N/A	28,866.66	23.09%
Total	\$121,291.11	\$125,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives State disability benefits. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 82D
DATE: May 18, 2006

Amount of Aid	\$127,180.00	Account Number	10910891
Amount Paid	0.00	Name	Adult Male
Balance Due	127,180.00	Service Date	12/14/04 to 12/30/04
Compromise Amount Offered	36,953.86	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 90,226.14	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$127,180.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$115,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 46,000.00	\$ 38,048.86	33.09%
Attorney Cost	853.40	853.40	0.74%
Los Angeles Fire Department	745.00	745.00	0.65%
Ermer Phys Medical Assoc.	350.00	350.00	0.30%
County of Los Angeles	127,180.00	36,953.86	32.13%
Net to Client	N/A	38,048.88	33.09%
Total	\$175,128.40	\$115,000.00	100.00%

Our financial statement reveals that the client is unemployed and is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 82E
DATE: May 18, 2006

Amount of Aid	\$434,720.00	Account Number	10731375
Amount Paid	0.00	Name	Adult Male
Balance Due	434,720.00	Service Date	9/08/02 to 5/02/03
Compromise Amount Offered	16,526.86	Facility	LAC USC Medical Center
Amount to be Written Off	\$418,193.14	Service Type	Inpatient/ Outpatient

JUSTIFICATION

The client was injured as a result of a drive by shooting. He was treated at LAC USC Medical Center at a cost of \$434,720.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 20,000.00	\$16,550.02	33.10%
Attorney Cost	349.92	349.92	0.70%
Los Angeles Fire Department	632.50	23.17	0.05%
County of Los Angeles	434,720.00	16,526.86	33.05%
Net to Client	N/A	16,550.03	33.10%
Total	\$455,702.42	\$50,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his mother and sister. He has no other source of income or tangible assets.